

Copy  
to  
Pres  
Carpenter

R. RAYMOND GREEN, M.D.

45 SOUTH MAIN  
HEBER CITY, UT 84032  
654-1822

HOURS: 10-12 A.M. &amp; 2-5 P.M.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

R<sub>x</sub>

**PRILosec<sup>TM</sup> 20mg**  
(omeprazole/msd) (formerly LOSEC<sup>®</sup>)

Sig:

☐ Label

Refill \_\_\_\_\_ times

PRN

NR

Substitution Permitted

M.D.

Dispense as Written

M.D.

08/20/90

01-K10580935

THE SHEPHERD AND HIS FLOCK



**USE THIS  
ENVELOPE  
TO ORDER**

**Caution:**  
handle negatives  
by edges only. Do  
not cut film strips.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

**COLOR MATERIAL ENCLOSED:**

(Check appropriate boxes)

Slide ☐ QTY. \_\_\_\_\_  
Neg. Strips ☐ 35 mm ☐ 110 film ☐ Other QTY. \_\_\_\_\_

I want:

	SIZE	QTY.	FROM NEG/SLIDE
COLOR PRINTS			#
ENLARGEMENTS			#
DUPLICATE SLIDES			#

**BLACK & WHITE MATERIAL ENCLOSED:**

Neg. QTY. \_\_\_\_\_ ☐ 35 mm ☐ Other \_\_\_\_\_

I want:

	SIZE	QTY.	FROM NEGATIVE #
BLACK & WHITE PRINTS			
ENLARGEMENTS			

SPECIAL INSTRUCTIONS:

*From Helen*  
*Mahoney 90*

(Use this area to indicate finish desired, special services, oversize prints.)  
NOTE: This envelope is not intended for permanent storage of negatives or slides.